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Application Number	10/535,340
Filing Date	12/12/2005
First Named Inventor	Fukashi Urakami
Title	Device movable along body surface
Art Unit	3611
Examiner Name	ADAMS, TASHIANA R
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Fukashi Urakami</i>	Date	
Name	Fukashi Urakami	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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